



APPLICATION FOR APIARY REGISTRATION

State Form 47075 (R / 12-00)

DNR USE ONLY
DO NOT WRITE IN THIS SPACE

Certificate number

FILL OUT AND RETURN AT ONCE TO:

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENTOMOLOGY AND PLANT PATHOLOGY
402 WEST WASHINGTON STREET, ROOM W290
INDIANAPOLIS, INDIANA 46204
Telephone: 317-232-4120 FAX: 317-232-2649

To the Chief Apiary Inspector;

Date _____, 20__

In voluntary compliance with the Apiary Section of the Horticulture and Apiary Laws of Indiana (IC 14-24-8) pertaining to the annual registration of bees, I herewith submit application for registration of my bees. In addition, I have listed the location of each apiary or apiaries, whether on my own property or on that of another, and I will notify the Chief Apiary Inspector of any change in the location of said apiary or apiaries.

Signature of applicant

PLEASE PRINT

Name of applicant		Date (month, day, year)
Mailing address, street or R.F.D.		
City	State	ZIP code
Telephone number	County	

Please fill out the reverse side; if more space is needed extra blanks may be obtained from the Chief Apiary Inspector.

Indicate any change in mailing address or location of apiary. If no change has been made since the original registration check here:

Last year's certificate number

Be specific on location of apiary; street number or road name or number, nearest town, directions for reaching apiary.

APIARY 1		
Number of colonies	County	Township
Name of land owner		Telephone number
Location of apiary:		

APIARY 2		
Number of colonies	County	Township
Name of land owner		Telephone number
Location of apiary:		

APIARY 3		
Number of colonies	County	Township
Name of land owner		Telephone number
Location of apiary:		

APIARY 4		
Number of colonies	County	Township
Name of land owner		Telephone number
Location of apiary:		

APIARY 5		
Number of colonies	County	Township
Name of land owner		Telephone number
Location of apiary:		